/<u>\/\/\</u>

#### FORM D

M D

Self ossino

Mall rection 2000

Machinology

Washington

Washington

Washington

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

#### FORM D

# NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

1435973							
OMB APPROVAL							
OMB Number:	3235-0076						
Expires:							
Estimated average burden							
hours per respons							

SEC USE ONLY								
Prefix	Serial							
DATE RECEIVED								
	1							

Name of Offering ( check if this is an amendment and name has changed, and indicate change.)	
3 Palms, LLC Membership Interests	
Filing Under (Check box(es) that apply):	ULOE
Type of Filing:	
A. BASIC IDENTIFICATION DATA	
Enter the information requested about the issuer	08050597
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)	
3 Palms, LLC	
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
2470 El Camino Real Suite 210, Palo Alto, CA 94306	(650) 813-1635
Address of Principal Business Operations (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
(if different from Executive Offices)	(050) 040 4005
2470 El Camino Real Suite 210, Palo Alto, CA 94306	(650) 813-1635
Brief Description of Business	
Development of real property	
Type of Business Organization Corporation Dimited partnership, already formed Other (p	lease specify): LLCPROCESSED
business trust limited partnership, to be formed	rease speeding): 2201 ROCEOUED
	<u> </u>
Month Year	MAY 2 8 2008
Actual or Estimated Date of Incorporation or Organization: 04 08 Z Actual Estim	
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State CN for Canada; FN for other foreign jurisdiction)	THOMSON REUTERS

#### **GENERAL INSTRUCTIONS**

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

#### - ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

#### A BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. General and/or Promoter Executive Officer Check Box(cs) that Apply: Beneficial Owner Director Managing Partner Full Name (Last name first, if individual) Atria Holdings LLC Business or Residence Address (Number and Street, City, State, Zip Code) 2470 El Camino Real Suite 210, Palo Alto, CA 94306 Check Box(es) that Apply: Promoter ☐ Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Gopal, Shyam Business or Residence Address (Number and Street, City, State, Zip Code) 2470 El Camino Real Suite 210, Palo Alto, CA 94306 ☐ Beneficial Owner 7 **Executive Officer** Check Box(es) that Apply: Promoter Director General and/or Managing Partner Full Name (Last name first, if individual) Makkar, Jitender Business or Residence Address (Number and Street, City, State, Zip Code) 2470 El Camino Real Suite 210, Palo Alto, CA 94306 Check Box(es) that Apply: ☐ Beneficial Owner **Executive Officer** Director General and/or Promoter Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) General and/or Director Check Box(es) that Apply: Promoter Beneficial Owner **Executive Officer** Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) ☐ Beneficial Owner Director General and/or Check Box(es) that Apply: Promoter **Executive Officer Managing Partner** Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Promoter Director Check Box(es) that Apply: ☐ Beneficial Owner Executive Officer General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)

		海拔	it k		<b>B</b> 11	NFORMAT	ION ABOU	T OFFERI	NG TI			945	
1.	Has the	issuer sold	l, or does th	ne issuer i	ntend to se	ll. to non-a	ccredited i	nvestors in	this offeri	ing?		Yes <b>K</b> i	No □
••	,		,			Appendix							
2.	What is	the minim	um investn					_				s <sup>50,</sup>	00.00
												Yes	No
3.			permit join		=								
4.	4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.									he offering. with a state			
	Full Name (Last name first, if individual) NONE												
Bus	siness or	Residence	Address (N	umber and	i Street, C	ity, State, Z	Cip Code)			-			
Naı	me of Ass	ociated Br	oker or De	aler									
Sta	tes in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All States	" or check	individual	States)	·····				***************		☐ Al	l States
	AL IL MT RI	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	MO PA PR
Ful	l Name (I	Last name	first, if indi	vidual)			•						
Bus	siness or	Residence	Address (1	Number an	d Street, C	ity, State,	Zip Code)						
Nai	me of Ass	ociated Br	oker or De	aler								-	
Sta	tes in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All States	or check	individual	States)		***************************************	•••••			•••••••	□ A1	l States
	AL IL MT RI	IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	ID MO PA PR
Ful	l Name (l	Last name	first, if indi	vidual)	-,,				<del> </del>				
Bus	siness or	Residence	Address (1	Number an	d Street, C	ity, State, 2	Zip Code)						
Nar	me of Ass	sociated Br	oker or De	aler			, . <u></u>						
Sta	tes in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All States	or check	individual	States)	••••••••••	•••••••					☐ Al	l States
	AL IL MT RI	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	ID MO PA PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

### (COPPERING PRICE) NUMBER OF INVESTORS AND USE OF PROCEEDS

1.	sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.	:		Amount Already
	Type of Security	Offering Price	æ	Sold
	Debt	s		s
	Equity	<b>S</b>		<b>s</b>
	Common Preferred			
	Convertible Securities (including warrants)	<b>s</b>		\$
	Partnership Interests			<u>\$</u>
	Other (Specify LLC interests	\$ 650,000.00	<u> </u>	
	Total	\$_650,000.00	<u> </u>	\$_0.00
	Answer also in Appendix, Column 3, if filing under ULOE.			
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number Investors		Aggregate Dollar Amount of Purchases
	Accredited Investors	0		\$_0.00
	Non-accredited Investors	0	_	<u>\$_0.00</u>
	Total (for filings under Rule 504 only)	0	_	\$_0.00
3.	Answer also in Appendix, Column 4, if filing under ULOE.  If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.			
	Type of Offering	Type of Security		Dollar Amount Sold
	Rule 505		_	\$
	Regulation A			\$
	Rule 504	None		S 0.00
	Total			\$_0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.	<u>-</u>		
	Transfer Agent's Fees			s0.00
	Printing and Engraving Costs			\$ 500.00
	Legal Fees			\$ 6,000.00
	Accounting Fees			\$ 3,000.00
	Engineering Fees			\$ 0.00
	Sales Commissions (specify finders' fees separately)			\$ 0.00
	Other Expenses (identify)			\$ 0.00
	Tatal			e 9.500.00

	G OFFERING PROFIUMB	er of investors, expenses and use of p	ROCEEDS	
	b. Enter the difference between the aggregate offering and total expenses furnished in response to Part C — Que proceeds to the issuer."	uestion 4.a. This difference is the "adjusted gross		\$640,500.00
5.	Indicate below the amount of the adjusted gross proceeds of the purposes shown. If the amount for any check the box to the left of the estimate. The total of the proceeds to the issuer set forth in response to Part C	purpose is not known, furnish an estimate and he payments listed must equal the adjusted gross		
			Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees	[	<b>\$</b> _	<b>\$</b>
	Purchase of real estate			\$ 400,500.00
	Purchase, rental or leasing and installation of machi	inery	<b>-</b> •	
	and equipment	-	_	_
	Construction or leasing of plant buildings and facili	•		□,*
	Acquisition of other businesses (including the value offering that may be used in exchange for the assets	s or securities of another		
	issuer pursuant to a merger)	•	_	_
	Repayment of indebtedness	[		s
	Working capital			
	Other (specify): Costs for development of real pro		<b>□\$</b>	\$ 240,000.00
	of manager for development and operational servi	ices		
		[	] <b>S</b>	<u> </u>
	Column Totals	[	\$ 0.00	<b>5</b> 640,500.00
	Total Payments Listed (column totals added)		<b>⊘</b> \$ <u>64</u>	0,500.00
		D. FEDERAL SIGNATURE	www.prest.green	
Γh	e issuer has duly caused this notice to be signed by the u			le 505, the following
sig	nature constitutes an undertaking by the issuer to furni- information furnished by the issuer to any non-accret	ish to the U.S. Securities and Exchange Commis	sion, upon writte	
İssi	uer (Print or Type)	Signature \	Date / 1	
	Palms, LLC	Lyout	5/8/2	<u> </u>
Naı	me of Signer (Print or Type)	Title of Signer (Print of Type)	• (	
Shy		Manager of the Issuer's Manager, Atria Holdin	gs, LLC	

#### - ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

## 1. Is any party described in 17 CFR 230.262 presently subject to any of the disqualification Provisions of such rule?

2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.

See Appendix, Column 5, for state response.

- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

T (D) ( D)	
Issuer (Print or Type)	Signature ( ) Date
3 Palms, LLC	Mymt 2/8/50cg
Name (Print or Type)	Title (Print or Type)
Shyam Gopal	Manager of the Issuer's Manager, Atria Holdings, LLC

#### Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

					PPENDIX				
1	Intend to non-a investor	I to sell accredited is in State a-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL									
AK									
AZ									
AR									
CA	×		\$650,000 LLC	o	\$0.00	0	\$0.00		×
СО									
СТ									
DE									
DC									
FL									
GA									
н									
ID									
IL									
IN									
IA									
KS									
KY									
LA									
ME									
MD									
MA						*			
МІ									
MN									
MS									

SECULIAR DE LA PRENDIX										
1	Intend to non-a investor	I to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
МО										
MT										
NE										
NV										
NH										
ŊJ										
NM										
NY										
NC			,							
ND										
ОН										
OK										
OR										
PA										
RI										
SC										
SD										
TN										
TX										
UT										
VT										
VA										
WA										
wv										
WI										

. Denis Mile	APPENDIX										
1		2 I to sell	3 Type of security and aggregate		4						
	to non-a investor	ccredited s in State	offering price offered in state (Part C-Item 1)		(if yes, attach explanation of waiver granted) (Part E-Item 1)						
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No		
WY											
PR											

